| United States Bankruptcy Court <u>SOUTHERN DISTRIC</u> 61288, Houston TX 77208 (Houston Divis | CT OF TEXAS P.O.Box sion) | PROOF OF CLAIM |
|---|---|---|
| Name of Debtors | Case Number | |
| X_Stage Stores, Inc., a Delaware corporation Specialty Retailers, Inc., a Texas corporation Specialty Retailers, Inc. (NV), a Nevada corporation | 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11 | 788-60686 Creditor ID#: |
| *place an "x" beside the name of the Debtor you are filing a claim against | | United States Bankruntov Court |
| Name of Creditor (The person or other entity to whom the debtor owes noney or property): The Fire Extinguisher Man الملات المحافظة المتابعة المتا | Check box if you are aware that anyone else a filed a proof of claim relating to your claim. Attach copy of statement | United States Bankruptcy Court Southern District of Texas FILED JUL 1 3 2000 |
| | giving particulars. | |
| Name and address where notices should be sent: *********************************** | Check box if you have never received any notices from the bankruptcy court in this case | Michael N. Milby, Clerk |
| 1991 Frontage Rd Three Forks MT 59752-9737 | Check box if the address differs from the address on the envelope sent to you by the | |
| | court. | |
| recognition exists indilined by whileh electiful idelifilites depical. | Check here replaces if this claim amends a prev | iously filed claim, dated: |
| Basis for Claim Goods sold Services performed | Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (Fill out below) Your SS#: 230 _ 56 _ 1457 | |
| Money loaned Personal injury/wrongful death | Unpaid compensation for services | performed |
| Taxes Other | frem <u>05-05-06</u> te | (date) |
| | 3. If court judgment, date ob | |
| I. Total Amount of Claim at Time Case Filed: \$ \(\frac{\psi_5, \oddsymbol{\phi}_5}{\phi_5, \oddsymbol{\phi}_5}\) If all or part of your claim is secured or entitled to priority, also complete Check this box if claim includes interest or other charges in additional charges. | | Attach itemized statement of all interest or |
| 5. Secured Claim. — Check this box if your claim is secured by collateral (including a right of setoff). | 6. Unsecured Priority Claim. Check this box if you have an an Amount entitled to priority \$ | unsecured priority claim |
| Brief Description of Collateral: Real Estate Motor Vehicle Other All personal and intangible property of Debtor's Estate | Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) | |
| Value of Collateral: \$ | Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). | |
| Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$ | Other – Specify applicable paragraph or | f 11 U.S.C. § 507(a). 98 and every 3 years thereafter with respect to |
| Credits: The amount of all payments on this claim has been credited and decented the purpose of making this proof of claim. Supporting Documents: Attach copies of supporting documents, such notes, purchase orders, invoices, itemized statements of running accounts, contracted statements. | as promissory acts, | This-Space-Is for Court Use Only |
| court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, | | |
| explain. If the documents are voluminous, attach a summary. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. | | 004 |
| Sign and print the name and title, if any, of the creditor or othe (attack copy of power of attorney, if any): | | |
| Fire Profection Penalty for presenting fraudulent claim: Fine of up to \$500,000 | | 18 U.S.C. §§ 152 and 3571. |

ZIP e no FIRE PROTE CONTACT H N 1991 FRONTAGE ROAD THREE FORKS, MONTANA 5975 HOME: (406) 285-3784 BUSINESS: (406) 285-4700 Š annually) CED BREAKDOWN A service charge of 1-1/2% permits assigned accounts.

RECEIVED BY: HYDRO TINGUISHER RECHARGE CHEMICAL SERVICE χ̈́ Ä. MISC CHG. ADÞRESS: FIRE EXT 12 9 LASER NAME DATE: CIT